

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

26220 ENTERPRISE COURT

☐ Check if different than previously reported. (ACC)

LAKE FOREST

CA

92630

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00240218

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

07

01

2015

12

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer RAOUL SMYTH

Signature of Treasurer

RAOUL SMYTH

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

01

11

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		192858.65
(b) Cash on Hand at Beginning of Reporting Period.....	192161.15	
(c) Total Receipts (from Line 19)	8307.50	17810.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	200468.65	210668.65
7. Total Disbursements (from Line 31)	5000.00	15200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	195468.65	195468.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7115.00

10995.00

(ii) Unitemized

1192.50

6815.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

8307.50

17810.00

(b) Political Party Committees

0

0

(c) Other Political Committees

(such as PACs).....

0

0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

8307.50

17810.00

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0

0

(b) Levin Funds (from Schedule H5)

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

8307.50

17810.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

8307.50

17810.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	0	4200.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	4200.00
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	6000.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	5000.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	15200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	15200.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8307.50	17810.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8307.50	17810.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0	4200.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0	4200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gary T Ake

Mailing Address 249 Eastfield Ave

City

Stedman

State

NC

Zip Code

28391-9449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22322

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Rochelle Arini-Moza

Mailing Address 20063 Balmoral Dr

City

Macomb

State

MI

Zip Code

48044-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Area Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22323

Amount of Each Receipt this Period

195.00

Payroll Deduction

(\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. James C Bowers

Mailing Address 256 Aerie Ct

City

Roseville

State

CA

Zip Code

95661-4063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22325

Amount of Each Receipt this Period

260.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

515.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bruce E Brindle

Mailing Address 3396 Altherton Dr

City

Bethel Park

State

PA

Zip Code

15102-1161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22326

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Carl L. Caldwell

Mailing Address 513 California Ave

City

Oakdale

State

CA

Zip Code

95361-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22328

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

c. Mark A Centolella

Mailing Address 8304 Codys Cors

City

Cicero

State

NY

Zip Code

13039-7921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22329

Amount of Each Receipt this Period

455.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kenneth A. Common

Mailing Address 1238 N Raymond Ave

City

Fullerton

State

CA

Zip Code

92831-2048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

VP Real Estate Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

10 / 16 / 2015

Transaction ID : 449-P22190

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Jeannine M. Delivron

Mailing Address 54 Bronson Rd

City

Avon

State

CT

Zip Code

06001-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22331

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Michael K Dwyer

Mailing Address 408 W State St

City

Burlington

State

WI

Zip Code

53105-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Area Operations Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22332

Amount of Each Receipt this Period

195.00

Payroll Deduction

(\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

535.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Thomas M. Halpin

Mailing Address 9112 Meade Ave

City

Oak Lawn

State

IL

Zip Code

60453-1571

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22334

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Janet L Hunt

Mailing Address 26552 San Torini Rd

City

Mission Viejo

State

CA

Zip Code

92692-6101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Dir IS Support Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22336

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Jerry Kellems

Mailing Address 2030 N Talbott St

City

Indianapolis

State

IN

Zip Code

46202-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Branch Manager 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22337

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Clinton K. Marshall

Mailing Address 32 Wellwood Rd

City

Portland

State

ME

Zip Code

04103-4232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22339

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Michael F. McGrath

Mailing Address 1209 Reggio Aisle

City

Irvine

State

CA

Zip Code

92606-0855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Dir. Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22340

Amount of Each Receipt this Period

260.00

Payroll Deduction

(\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Theresa A Noble

Mailing Address 41427 N Laurel Valley Way

City

Anthem

State

AZ

Zip Code

85086-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22338

Amount of Each Receipt this Period

455.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Patrick D O Donnell

Mailing Address 103 Windemere Way

City	State	Zip Code
Colchester	VT	05446-6914

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Branch Manager 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22341

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Carol Policelli

Mailing Address 2600 Shieldale Dr

City	State	Zip Code
Winston Salem	NC	27107-3654

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22342

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Kimberlie K Rogers-Bowers

Mailing Address 91 E Chevalier Ct

City	State	Zip Code
Eighty Four	PA	15330-2691

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Sr VP Reg Affairs & Acq I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22343

Amount of Each Receipt this Period

325.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

445.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Garrett Y Saito

Mailing Address 28 Flintstone

City

Aliso Viejo

State

CA

Zip Code

92656-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

VP Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22344

Amount of Each Receipt this Period

325.00

Payroll Deduction

(\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Tami Salley

Mailing Address 304 Oak Ridge Dr

City

Venetia

State

PA

Zip Code

15367-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22345

Amount of Each Receipt this Period

780.00

Payroll Deduction

(\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Richard H. Scholl

Mailing Address 7 Slater Dr

City

Stony Point

State

NY

Zip Code

10980-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Division Respiratory Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 24 / 2015

Transaction ID : 454-P22346

Amount of Each Receipt this Period

260.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sandra L. Slentz

Mailing Address 4050 S 1100 W

City	State	Zip Code
Modoc	IN	47358-9520

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : 454-P22347

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Raoul Smyth

Mailing Address 11 Ensueno E

City	State	Zip Code
Irvine	CA	92620-1844

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : 454-P22348

Amount of Each Receipt this Period

455.00

Payroll Deduction

(\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Gregory A Tewell

Mailing Address 213 N Willow Springs Rd

City	State	Zip Code
Orange	CA	92869-4534

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

VP Business Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : 454-P22349

Amount of Each Receipt this Period

390.00

Payroll Deduction

(\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

905.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Andrew Cameron Thompson

Mailing Address 20 Westchester Ct

City State Zip Code
Coto de Caza CA 92679-4956

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Exec VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 24 2015

Transaction ID : 454-P22350

Amount of Each Receipt this Period

975.00

Payroll Deduction

(\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Deanna P Thompson

Mailing Address 177 Montalvo Rd

City State Zip Code
Redwood City CA 94062-3820

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 24 2015

Transaction ID : 454-P22351

Amount of Each Receipt this Period

650.00

Payroll Deduction

(\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Andrew Wagner

Mailing Address 670 Carson Ct

City State Zip Code
Carmel IN 46033-9744

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Branch Manager 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 24 2015

Transaction ID : 454-P22352

Amount of Each Receipt this Period

195.00

Payroll Deduction

(\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1820.00

7115.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Alliance to Stop Taxes on the Sick and Dying PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2015

Mailing Address 2600 Mill Street, Suite 600

City	State	Zip Code
Reno	NV	89502

Transaction ID : 456Purpose of Disbursement
Contribution to PAC

011

Amount of Each Disbursement this Period

Candidate Name

Alliance to Stop Taxes on the Sick and Dying PACCategory/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00